

CAIR

CONTAINS NO CBI

 **Lockheed Missiles & Space Company, Inc.**

Sunnyvale, California

December 20, 1989

TSCA Document Processing Center (TS-790)
Office of Toxic Substances
U.S. Environmental Protection Agency
Room L-100
401 M Street S. W.
Washington, D. C. 20460

Sirs:

This package contains the completed CAIR report forms for those chemicals on which Lockheed Missiles and Space Company (LMSC) is reporting, as listed in the Chemical Substance Matrix, section 704.225 of the December 22, 1988, Federal Register. Of the substances listed, the only ones which LMSC uses and which are not clearly exempted from reporting, are Toluene Diisocyanates (TDI).

The seven reports being filed are for the following chemicals:

Conathane DPEN-8536 (two reports filed for the two EPA facilities within LMSC)

We have been notified by the supplier via the June 14 Federal Register listing. We are using this product at two different EPA facilities of LMSC, as indicated in the reports.

Eccofoam FPH

We have not received a letter from the supplier, but have verbal information that he is preparing a written notification.

Scotch Cast Brand Resin 221

We received no letter from the supplier, who has indicated that they did not notify us since they are no longer producing this material, but would have if they were still manufacturing it.

Stafoam P1100 Series, Component T (three reports filed for the three different densities of this product).

We received no letter from the supplier since that company is exempt from reporting because of the size of their business and the volume of TDI that they manufacture.

We are reporting to you for all of these chemicals, because we consider the intent of the regulation makes it appropriate to report, even though in three of the four cases there may be a technicality which might be construed as reason not to report.

This report is provided within the timeframe requested in our letter dated September 28, 1989, and which was re-sent on November 20, 1989. On December 19, 1989, we received telephone confirmation that this request had been granted.

OTS DOCUMENT RECEIPT OFFICE
89 DEC 27 AM 10:44

TSCA Document Processing Center (TS-790)
Page 2
December 20, 1989

If further information is needed, please call Barbara Jinbo [(408) 742-1193], who is the technical contact as listed on the report form.

Sincerely,

LOCKHEED MISSILES & SPACE COMPANY


George M. Tomer, Manager
Occupational Safety and Health
O/47-20, B/106
1111 Lockheed Way
Sunnyvale, CA 94089
(408)743-2600

GMT:elm
Enclosures

Sunnyvale, California

December 20, 1989

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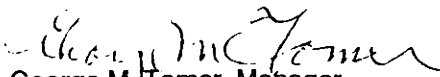
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George M. Torner, Manager
Occupational Safety and Health
O/47-20, B/106
1111 Lockheed Way
Sunnyvale, CA 94089
(408)743-2600

GMT:elm
Enclosures

Conathane DPEN-8536, Part

CONTAINS NO CBI



Form Approved
OMB No. 2010-0019
Approval Expires 12-31-89

EPA-OTS



000636197W

90-900000029

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Comprehensive Assessment Information Rule
REPORTING FORM

OTS DOCUMENT RECEIPT OFFICE
89 DEC 27 AHID: 44

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][4][7][1]-[6][2]-[5]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule NA

(ii) Name of mixture as listed in the rule NA

(iii) Trade name as listed in the rule DP-8536, part A

This trade name chemical contains the TWT listed above it.
c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule NA

CAS No. of chemical substance [][][][][][]-[][]-[][]

Name of chemical substance NA

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

☐ Importer 2

Processor 3

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI
☒ Yes ☒ Go to question 1.04
☐ No ☐ Go to question 1.04

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI
☐ Yes
☐ No (

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations
 Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

JA
 CBI
☐ Trade name
☐ Is the trade name product a mixture? Circle the appropriate response.
 Yes
 No

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI
☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

George M. Tomer
 NAME

George M. Tomer
 SIGNATURE

12/20/89
 DATE SIGNED

Manager, Occupational Safety
 TITLE and Health

(408) 743-2600 -
 TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ☒ Go to question 1.0

☐ No ☐ Go to question 1.0

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☐ Yes 1

☐ No 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations
Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

NA
1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name

☐ Is the trade name product a mixture? Circle the appropriate response.

Yes 1

No 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

NAME

SIGNATURE

DATE SIGNED

TITLE

()

TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

NA

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	_____ DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

NA

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [L][O][C][K][H][E][E][D][M][I][S][S][I][L][E][S][] [E][] [S][P][A][C][E][]
[] Address [I][I][I][I][] [L][O][C][K][H][E][E][D][] [W][A][Y][] [] [] [] [] [] []
[S][U][N][N][Y][V][A][L][E][] [] [] [] [] [] [] [] [] [] [] []
[C][A] [9][4][0][8][9]--[3][5][0][4]
State Zip

Dun & Bradstreet Number [0][0]-[9][1][2]-[5][5][3][5]

EPA ID Number C.A.D. [0][0][9][1][2][5][5][3][5]

✓ Employer ID Number [] [] [] [] [] [] [] []

Primary Standard Industrial Classification (SIC) Code [3][7][6][1]

Other SIC Code [] [] [] []

Other SIC Code [] [] [] []

1.10 Company Headquarters Identification

CBI Name [L][O][C][K][H][E][E][D][M][I][S][S][I][L][E][S][] [E][] [S][P][A][C][E][]
[] Address [I][I][I][I][] [L][O][C][K][H][E][E][D][] [W][A][Y][] [] [] [] [] [] []
[S][U][N][N][Y][V][A][L][E][] [] [] [] [] [] [] [] [] [] [] []
[C][A] [9][4][0][8][9]--[3][5][0][4]
State Zip

Dun & Bradstreet Number [0][0]-[9][1][2]-[5][5][3][5]

✓ Employer ID Number [] [] [] [] [] [] [] []

[] Mark (X) this box if you attach a continuation sheet.

CBI Name [L][O][C][K][H][E][E][D][] [C][O][R][P][O][R][A][T][I][O][N][] [] [] [] [] [] []

[C][A][L][I][F][O][R][N][I][A] City

State Zip

Dun & Bradstreet Number[0][0]-[8][2][5]-[5][2][8][3]

CBI Name [B][A][R][B][A][R][A] [J][I][N][B][O]

Title SUPERVISOR - SCHEDULE - HEALTH

Address [A][A][A][A][C][O][C][K][H][E][E][D][W][A][Y] Street

mail stop C/47-20 B/106
[S][W][N][N][Y][V][A][L][E] [] [] [] [] [] [] [] [] [] []
City

State CA Zip 94089--3504

Telephone Number[4][0][8]-[7][4][2]-[1][1][9][3]

1.13 This reporting year is from 01 11 88 to 12 01 89
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

NA

() Mailing Address () () () () () () () () () () () () () () () ()

() () () () () () () -- () () () ()

Zip

Date of Sale [] [] [] []
Month Day Year

Year

Telephone Number()-()-()-

NA

() Mailing Address () () () () () () () () () () () () () () () () ()

() () () () () () () () () () () () () () () () () ()

[] [] [] [] [] [] [] [] -- [] [] [] []

Zip

Date of Purchase() () ()

Year

Telephone Number() () () -() () () -() () () ()

8

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐ Classification Quantity (kg/yr)

Manufactured NA

Imported NA

Processed (include quantity repackaged) 340

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year NA

For on-site use or processing NA

For direct commercial distribution (including export) NA

In storage at the end of the reporting year NA

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 113

Processed as a reactant (chemical producer) 340

Processed as a formulation component (mixture producer) NA

Processed as an article component (article producer) NA

Repackaged (including export) NA

In storage at the end of the reporting year 45

$300 \text{ kits at } 40 \text{ oz/kil} = 12,000 \text{ oz}$

$12,000 \text{ oz} \times 0.02835 \text{ kg/oz} = 340 \text{ kg}$

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
DI	Cosap, Inc.	< 10% ± 1K
1K	Cosap, Inc.	> 90%
Total		100%

☐ Mark (X) this box if you attach a continuation sheet.

- 2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending 112 817
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 360 kg

Year ending 112 816
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 400 kg

Year ending 112 815
Mo. Year

Quantity manufactured NA kg

Quantity imported NA kg

Quantity processed 385 kg

- 2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

NA

☐ Continuous process 1

Semicontinuous process 2

Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

CBI

☐

Continuous process 1

Semicontinuous process 2

Batch process 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

CBI

☐

Manufacturing capacity NA kg/yr

Processing capacity NA kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

CBI

☐

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	<u>NA</u>	<u>NA</u>	<u>UK</u>
Amount of decrease	<u>NA</u>	<u>NA</u>	<u>UK</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.09

For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

	<u>Days/Year</u>	<u>Average Hours/Day</u>
--	------------------	--------------------------

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>75</u>	<u>1</u>

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>NA</u>	<u>NA</u>

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured	<u>NA</u>	<u>NA</u>
Processed	<u>NA</u>	<u>NA</u>

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Maximum daily inventory	_____	kg
Average monthly inventory	_____	kg

Response not required for TDI

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity¹</u>	<u>Concentration (%) (specify \pm % precision)</u>	<u>Source of Byproducts, Coproducts, or Impurities</u>
<u>UK</u>	<u>UK</u>	<u>UK</u>	<u>UK</u>	<u>UK</u>

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

2.12

Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
L	100%	100%	H

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) <u>government</u>

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>government</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types ¹	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users ²
L	100%	100%	H

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) <u>government</u>

²Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>government</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.14

CBI

☐

NA

Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

a.	b.	c.	d.
Product Type ¹	Final Product's Physical Form ²	Average % Composition of Listed Substance in Final Product	Type of End-Users ³

¹Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

²Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

³Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the listed substance to off-site customers.

CBI

- ☐ Truck
Railcar
Barge, Vessel
Pipeline
Plane
Other (specify) _____

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category of end use listed (i-iv).

CBI

☐

Category of End Use

i. Industrial Products

Chemical or mixture kg/yr

Article kg/yr

ii. Commercial Products

Chemical or mixture kg/yr

Article kg/yr

iii. Consumer Products

Chemical or mixture kg/yr

Article kg/yr

iv. Other

Distribution (excluding export) kg/yr

Export kg/yr

Quantity of substance consumed as reactant kg/yr

Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.	NA	NA
The listed substance was transferred from a different company site.	NA	NA
The listed substance was purchased directly from a manufacturer or importer.	340	4.2
The listed substance was purchased from a distributor or repackager.	NA	NA
The listed substance was purchased from a mixture producer.	NA	NA

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

- Truck ①
- Railcar 2
- Barge, Vessel 3
- Pipeline 4
- Plane 5
- Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03
CBI

- a. Circle all applicable containers used to transport the listed substance to your facility.

☐

Bags ①
Boxes ②
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) _____ 10

- b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders NA mmHg
Tank rail cars NA mmHg
Tank trucks NA mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify \pm % precision)</u>	<u>Amount Processed (kg/yr)</u>
<u>Conathaxa DEEN-8536, part A</u>	<u>Conap, Inc.</u>	<u><10%</u>	<u>340</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 CBI State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision)
Class I chemical	340	< 10%
Class II chemical	NA	NA
Polymer	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01** Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

	<u>Manufacture</u>	<u>Import</u>	<u>Process</u>
Technical grade #1	<u>NA</u> % purity	<u>NA</u> % purity	<u>NA</u> % purity
Technical grade #2	<u>NA</u> % purity	<u>NA</u> % purity	<u>NA</u> % purity
Technical grade #3	<u>NA</u> % purity	<u>NA</u> % purity	<u>NA</u> % purity

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02** Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ①

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source ②

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

☐

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

☐ Mark (X) this box if you attach a continuation sheet.

4.05

NA

CBI

☐

Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

<u>Physical State</u>		<u>Manufacture</u>	<u>Import</u>	<u>Process</u>	<u>Store</u>	<u>Dispose</u>	<u>Transport</u>
Dust	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Powder	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Fiber	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Aerosol	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at NA nm
 Reaction quantum yield, ϕ UK at NA nm
 Direct photolysis rate constant, k_p , at ... UK 1/hr NA latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M hr
 For RO_2 (peroxy radical), k_{ox} UK 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr
 Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_b UK 1/M hr
 For acid-promoted process, k_a UK 1/M hr
 For neutral process, k_n UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	UK
Atmosphere	UK
Surface water	UK
Soil	UK

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
UK	UK	UK	in NA
UK	UK	UK	in NA
UK	UK	UK	in NA
UK	UK	UK	in NA

5.03 Specify the octanol-water partition coefficient, K_{ow} ... UK at 25°C

Method of calculation or determination NA

5.04 Specify the soil-water partition coefficient, K_d UK at 25°C

Soil type NA

5.05 Specify the organic carbon-water partition coefficient, K_{oc} UK at 25°C

5.06 Specify the Henry's Law Constant, H UK atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> ¹
UK	UK	NA
UK	UK	NA
UK	UK	NA

¹Use the following codes to designate the type of test:

F = Flowthrough

S = Static

☐ Mark (X) this box if you attach a continuation sheet.

Response not required for TDI

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

<u>Substitute</u>	<u>Cost (\$/kg)</u>
<i>no known viable substitute available</i>	<i>NA</i>

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

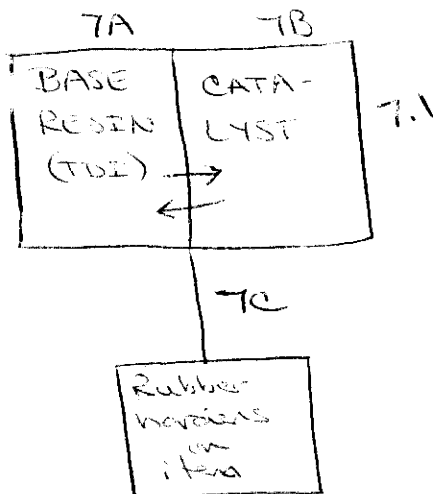
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type Moldable Rubber Formation



Both parts are contained in the same package and separated by a plastic barrier. To use, the plastic barrier is removed, the 2 parts are mixed in their own container and placed on the part where it sets and get hard. This can be done outdoors as this is not done in a fume hood.

☐ Mark (X) this box if you attach a continuation sheet.

7.03

NA In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[]

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type Moldable Rubber formation

Process Stream ID Code	Process Stream Description	Physical State ¹	Stream Flow (kg/yr)
<u>7A, B</u>	<u>two components mixed</u>	<u>OL</u>	<u>340</u>
<u>7C</u>	<u>mixture placed in iten</u>	<u>OL → SO</u>	<u>UK</u>

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

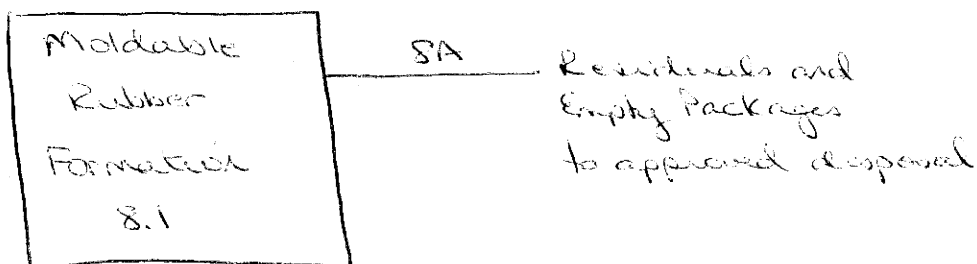
PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type Moldable Rubber Formation

The only residuals are bits of the base resin which have exceeded their shelf life or empty packages. These are lab-packed and sent to an off-site incinerator as flammable liquid or poison B, solid.



☐ Mark (X) this box if you attach a continuation sheet.

8.05

CBI

☐ Process type Moldable Rubber formation

a.

b.

C.

d.

e.

f.

g.

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

NA

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		
<u>6</u>		

☐ Mark (X) this box if you attach a continuation sheet.

Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

☐ Process type Moldable Rubber Formation

²Use the codes provided in Exhibit 8-2 to designate the management methods

58

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

Response not required for TBI

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

NA

Incinerator	Air Pollution Control Device ¹	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 9 WORKER EXPOSURE

General Instructions:

Questions 9.03-9.25 apply only to those processes and workers involved in manufacturing or processing the listed substance. Do not include workers involved in residual waste treatment unless they are involved in this treatment process on a regular basis (i.e., exclude maintenance workers, construction workers, etc.).

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	X	X	1954	37
Age at hire	X	X	1954	37
Work history of individual before employment at your facility	NA	NA	NA	NA
Sex	X	X	1954	37
Race	X	X	1954	37
Job titles	X	X	1954	37
Start date for each job title	X	X	1954	37
End date for each job title	X	X	1954	37
Work area industrial hygiene monitoring data	X	X	1957	37
Personal employee monitoring data	X	X	1957	37
Employee medical history	X	X	1954	37
Employee smoking history	X	X	1954	37
Accident history	X	X	1957	37
Retirement date	X	X	1954	37
Termination date	X	X	1954	37
Vital status of retirees	NA	NA	NA	NA
Cause of death data	X	X	1954	37

Records are kept 2 years at the site, 5 years in a warehouse and then transferred to Rye Canyon where they are stored for 30 yrs

☐ Mark (X) this box if you attach a continuation sheet.

9.02

In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
Activity	Process Category	Yearly Quantity (kg)	Total Workers	Total Worker-Hours
Manufacture of the listed substance	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site use as reactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	340	40	3,000
On-site use as nonreactant	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA
On-site preparation of products	Enclosed	NA	NA	NA
	Controlled Release	NA	NA	NA
	Open	NA	NA	NA

total worker hours

75 $\frac{\text{days}}{\text{yr}}$ x 1 $\frac{\text{hr}}{\text{day}}$ x 40 workers = 3,000 total worker hours

TWH = 3,000 total worker hours

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A	<u>Electrical Circuit Development Technician</u>
B	<u>Electromagnetics Technician</u>
C	<u>Cable Assembly Mechanic</u>
D	<u>Electrical Equipment Prototype Mechanic II</u>
E	<u>Electrical Development and Test Mechanic</u>
F	
G	
H	
I	
J	

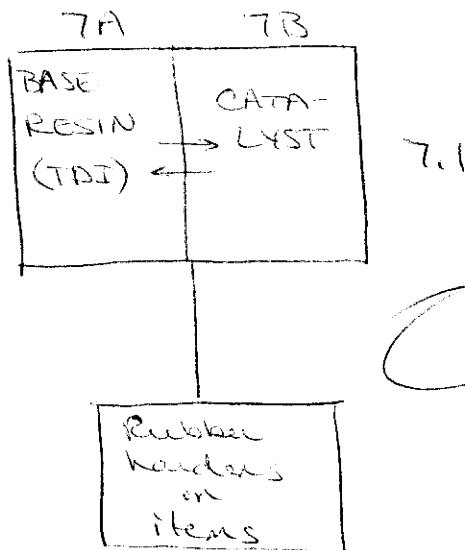
These job titles are from the "Agreement between LMSC and the International Association of Machinists and Aerospace Workers"

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type Moldable Rubber - formative



☐ Mark (X) this box if you attach a continuation sheet.

9.05

Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

Moldable Rubber Formation

Work Area ID

Description of Work Areas and Worker Activities

1

open laboratory

2

3

4

5

6

7

8

9

10

☐

Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Moldable Rubber Formulation

Work area 1

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance ¹	Average Length of Exposure Per Day ²	Number of Days per Year Exposed
A	10	direct skin contact	OL	B	75
B	4	direct skin contact	OL	B	75
C	3	direct skin contact	OL	B	75
D	15	direct skin contact	OL	B	75
E	8	direct skin contact	OL	B	75

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Mouldable Rubber formatic

Work area 1

Labor Category	8-hour TWA Exposure Level (ppm, mg/m ³ , other-specify)	15-Minute Peak Exposure Level (ppm, mg/m ³ , other-specify)
A	UK	UK
B	UK	UK
C	UK	UK
D	UK	UK
E	UK	UK
F	UK	UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08

If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

NA

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples ¹	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone						
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

CBI

☐ Sample Type Sampling and Analytical Methodology

NA

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

☐ Equipment Type¹ Detection Limit² Manufacturer Averaging Time (hr) Model Number

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μ/m^3)

☐ Mark (X) this box if you attach a continuation sheet.

NA

9.11

If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Moldable Rubber Formation

Work area 1

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:				
Local exhaust				
General dilution				
Other (specify)				
Vessel emission controls				
Mechanical loading or packaging equipment				
Other (specify)				

☐ Mark (X) this box if you attach a continuation sheet.

NA

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type

Work area

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

- 9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Moldable Rubber Formation

Work area 1

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	<u>N</u>
Safety goggles/glasses	<u>Y</u>
Face shields	<u>N</u>
Coveralls	<u>N</u>
Bib aprons	<u>N</u>
Chemical-resistant gloves	<u>Y</u>
Other (specify)	
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

NA 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type

Work Area	Respirator Type	Average Usage ¹	Fit Tested (Y/N)	Type of Fit Test ²	Frequency of Fit Tests (per year)

¹Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type Moldable Rubber - formation

Work area 1

Manuals are available which describe proper procedures for using the chemicals

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type Moldable Rubber - formation

Work area 1

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping	_____	_____	_____	_____
Vacuuming	_____	_____	_____	_____
Water flushing of floors	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
<u>as needed</u>	_____	_____	_____	_____

Because the two components are mixed together in their own container there are rarely spills - so any spill that would occur would be cleaned up as needed

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes

No

Emergency exposure

Yes

No

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

Response not required for TDI

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes

☒ No

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes

No

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist

Insurance carrier

OSHA consultant

Other (specify) _____

Response not required for TDI

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area 1
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 37 ° 25 ' W

Longitude 122 ° 03 ' W

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation inches/year

Predominant wind direction

Response not required for TDI

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater meters

Response not required for TDI

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

☐

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	NA	NA	NA
Importing	NA	NA	NA
Processing	N	N	N
Otherwise used	NA	NA	NA
Product or residual storage	N	N	N
Disposal	N	N	N
Transport	NA	NA	NA

☐ Mark (X) this box if you attach a continuation sheet.

10.06
80/20 TDI Mixture Only

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

Quantity discharged to the air UK kg/yr ± NA

Quantity discharged in wastewaters NA kg/yr ± NA

Quantity managed as other waste in on-site treatment, storage, or disposal units UK kg/yr ± NA

Quantity managed as other waste in off-site treatment, storage, or disposal units UK kg/yr ± NA

☐ Mark (X) this box if you attach a continuation sheet.

10.08

Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

NA

Stream ID Code

Control Technology

Percent Efficiency

☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

NA
10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

Process type

Point Source
ID Code

Description of Emission Point Source

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

NA

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

Point Source ID Code	Physical State ¹	Average Emissions (kg/day)	Frequency ² (days/yr)	Duration ³ (min/day)	Average Emission Factor ⁴	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)

¹Use the following codes to designate physical state at the point of release:

G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

[]

115

10.12

If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code NA

Size Range (microns)

Mass Fraction (% \pm % precision)

< 1

NA

≥ 1 to < 10

NA

≥ 10 to < 30

NA

≥ 30 to < 50

NA

≥ 50 to < 100

NA

≥ 100 to < 500

NA

≥ 500

NA

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13

Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

Percentage of time per year that the listed substance is exposed to this process type

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					Greater than 99%
	Less than 5%	5-10%	11-25%	26-75%	76-99%	
Pump seals ¹						
Packed						
Mechanical						
Double mechanical ²						
Compressor seals ¹						
Flanges						
Valves						
Gas ³						
Liquid						
Pressure relief devices ⁴ (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines ⁵ (e.g., purge, vent)						
Gas						
Liquid						

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐

Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

² If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

[]

[illegible]

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

² The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15

Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type

Equipment Type	Leak Detection Concentration (ppm or mg/m ³) Measured at Inches from Source	Detection Device	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

NA

☐ Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type ¹	Floating Roof Seals ²	Composition of Stored Materials ³	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Volume (l)	Vessel Emission Controls ⁴	Design Flow Rate ⁵	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate ⁶

- ¹Use the following codes to designate vessel type:
- F = Fixed roof
 - CIFF = Contact internal floating roof
 - NCIF = Noncontact internal floating roof
 - EFR = External floating roof
 - P = Pressure vessel (indicate pressure rating)
 - H = Horizontal
 - U = Underground

- ²Use the following codes to designate floating roof seals:
- MS1 = Mechanical shoe, primary
 - MS2 = Shoe-mounted secondary
 - MS2R = Rim-mounted, secondary
 - LM1 = Liquid-mounted resilient filled seal, primary
 - LM2 = Rim-mounted shield
 - LMW = Weather shield
 - VM1 = Vapor mounted resilient filled seal, primary
 - VM2 = Rim-mounted secondary
 - VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

- C = Calculations
- S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

NA

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
1				
2				
3				
4				
5				
6				

10.24 Specify the weather conditions at the time of each release.

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
1					
2					
3					
4					
5					
6					

Response not required for TDI

☐ Mark (X) this box if you attach a continuation sheet.

CRM #: 003576

C O N A P I N C .
1405 Buffalo St.
Olean, New York 14760
716/372-9650

===== MATERIAL SAFETY DATA SHEET =====

Note: This form is to be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Blank spaces are not permitted.

===== I. IDENTIFICATION =====

Trade Name Conathane DPEN-8536 Part A Date: 5/31/89
Chemical Name, common name: Complex Mixture; Polyurethane
Prepolymer

===== II. HAZARDOUS INGREDIENTS =====

Chemical Names CAS No. % ACGIH(TLV) OSHA(PEL) Other

*Toluene 2,4 Diisocyanate 584-84-9 <8%
*Toluene 2,6 Diisocyanate 91-08-7 <2% .005ppm TWA
.005ppm TWA .02ppm STEL ND

Material may present a dust hazard if cut, ground or machined after curing.

===== III. PHYSICAL DATA =====

Boiling Point ND !Specific Gravity (H2O=1) 1.06
Vapor Pressure, mm Hg ND !Vapor Density (air=1) ND
Melting Pt./Range ND !Evaporation rate (Ether=1) ND
Solubility in Water: REACTS! Physical State: LIQUID
Percent volatile by volume: Negligible
Appearance and Odor: Liquid; For TDI Sharp pungent (odor threshold greater than TLV)

===== IV. FIRE AND EXPLOSION DATA =====

Flash Point, F (Method): > 260 F PMCC
Flammable Limits ND LEL ND UEL ND
Extinguishing Materials:
-XX-Water Spray -XX-Dry Chemical -XX-Carbon Dioxide
-XX-Foam -ND-Other:

Special Firefighting Procedures/Unusual Fire or Explosion Hazards:

Full emergency equipment with self-contained breathing apparatus and full protective clothing should be worn by fire fighters. No skin surface should be exposed. During a fire TDI vapors and other irritating, highly toxic gases may be generated by thermal decomposition or combustion. At temperatures greater than 350 F TDI forms carbodiimides with the release of CO2 which can cause pressure build-up in closed containers. Explosive rupture is possible. Therefore, use cold water to cool fire-exposed containers.

===== V. HEALTH HAZARD INFORMATION =====

ACUTE TOXICITY (Routes of entry)

Inhalation:

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AM 7,8,9,10,11,12,1,2,3,4,5,6 PM

LC50.(4 hr.); Range 16-50ppm for 1-4 hr (Rat) on TDI. TDI vapors or mist at concentrations above the TLV can irritate (burning sensation) the mucous membranes in the respiratory tract (nose, throat, lungs) causing runny nose, sore throat, coughing, chest discomfort, shortness of breath and reduced lung function (breathing obstruction). Persons with a preexisting, nonspecific bronchial hyperactivity can respond to concentrations below the TLV with similar symptoms as well as asthma attack. Exposure well above the TLV may lead to bronchitis, bronchial spasm and pulmonary edema (fluid in the lungs). These effects are usually reversible. Chemical or hypersensitive pneumonitis, with flu-like symptoms (e.g. fever, chills), has also been reported. These symptoms can be delayed up to several hours after exposure.

Ingestion:

ORAL, LD50 > 5800 mg/kg (Rats). Can result in irritation and corrosive action in the mouth, stomach tissue and digestive tract. Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhea.

Eye Contact:

Strongly irritating (Rabbits) OECD Guidelines. Liquid, aerosols or vapors are severely irritating and can cause pain, tearing, reddening and swelling. If left untreated, corneal damage can occur and injury is slow to heal. however, damage is usually reversible.

Skin Contact:

Skin sensitizer in guinea pigs. One study with guinea pigs reported that repeated skin contact with TDI caused respiratory sensitization. Isocyanates react with skin protein and moisture and can cause irritation which may include the following symptoms: reddening, swelling, rash, scaling or blistering. Cured material is difficult to remove.

Skin Absorption:

ND

CHRONIC TOXICITY

Carcinogenicity:

--X-Yes: --X---NTP --X----IARC ----Federal OSHA

In a DRAFT of a lifetime bioassay, the National Toxicology Program reported that TDI caused an increase in the number of tumors in exposed rats over those counted in non-exposed rats. The TDI was administered by gavage where TDI was introduced into the stomach through a tube. In lifetime inhalation studies conducted by Hazelton Labs for the International Isocyanate Institute, TDI did NOT demonstrate carcinogenic activity in rats or mice.

Target Organ Affected:

No specific information available.

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Effects of Overexposure:

Inhalation:

Inhalation of TDI vapors at concentrations above allowable limits can produce irritation of the mucous membranes in the respiratory tract resulting in running nose, sore throat, productive cough and a reduction in lung function (breathing obstruction). As a result of previous repeated overexposures or a single large dose, certain individuals may develop isocyanate sensitization (chemical asthma) which will cause them to react to a later exposure to isocyanate at levels well below the TLV. Another type of response is hyperreactivity or hypersensitivity, in which persons, (as a result of a previous repeated overexposure or large single dose), can respond to small TDI concentrations at levels well below the .02ppm. Symptoms could be immediate or delayed and include chest tightness, wheezing, cough, shortness of breath or asthmatic attack. Hypersensitivity pneumonitis (with similar respiratory symptoms and fever which has been delayed) has also been reported. Similar to many non-specific asthmatic responses, there are reports that once sensitized an individual can experience these symptoms upon exposure to dust, cold air or other irritants. This increased lung sensitivity can persist for weeks and in severe cases for several years. Chronic overexposure to isocyanate has also been reported to cause lung damage (including decrease in lung function) which may be permanent. Sensitization can either be temporary or permanent.

Eyes:

Liquid, vapors or aerosols are severely irritating to the eyes and can cause tears. Prolonged vapor contact may cause conjunctivitis. Corneal injury can occur which can be slow to heal; however damage is usually reversible.

Skin:

TDI reacts with skin protein and tissue moisture and can cause localized irritation as well as discoloration. Prolonged contact could produce reddening, swelling, or blistering and, in some individuals, skin sensitization resulting in dermatitis. Once sensitized a individual can develop recurring symptoms as a result of exposure to vapor.

Ingestion:

Ingestion could result in irritation and some corrosive action in the mouth, stomach tissue and digestive tract. Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhea.

Medical Conditions Aggravated By Exposure

Asthma, other respiratory disorders (bronchitis, emphysema, bronchial hyperreactivity), skin allergies, eczema.

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FIRST AID: EMERGENCY PROCEDURES

Eye Contact:

Flush with clean, lukewarm water (low pressure) for at least 15 minutes, occasionally lifting eyelids, and obtain medical attention. Refer individual to an ophthalmologist for immediate follow-up.

Skin Contact:

Remove contaminated clothing. Wash effected areas thoroughly with soap or tincture of green soap and water. Wash contaminated clothing thoroughly before reuse. For severe exposures, get under safety shower, remove clothing under shower, get medical attention, and consult physician.

Inhalation:

Move to an area free from risk of further exposure. Administer oxygen or artificial respiration as needed. Obtain medical attention. Asthmatic-type symptoms may develop and be immediate or delayed up to several hours. Consult physician.

Ingested:

Do not induce vomiting. Give 12 fl. oz. of milk or water to drink. DO NOT GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. Consult physician.

Recommendations to Physician:

Eyes: Stain for evidence of corneal injury. If cornea is burned, instill antibiotic steroid preparation frequently. Workplace vapors have produced reversible corneal epithelial edema impairing vision. This compound is a known skin sensitizer. Treat symptomatically as for contact dermatitis or thermal burns. There is no specific antidote for ingestion treat symptomatically. Inducing vomiting is contraindicated because of the irritating nature of this compound. TDI is a known pulmonary sensitizer. Treatment is essentially symptomatic. An individual having a skin or pulmonary sensitization reaction to this material should be removed from exposure to any isocyanate.

===== VI. REACTIVITY DATA =====

Stability: --XX-Stable -NA--Unstable

Conditions to Avoid: Temperatures higher than recommended in product literature.

Incompatibility (materials to avoid):

Water, short chain alcohols, amines

Hazardous Decomposition Products

By heat and fire: carbon dioxide, carbon monoxide, oxides of nitrogen and traces of hydrogen cyanide, TDI.

Hazardous Polymerization: NA-May Occur X-Will not occur

Conditions to avoid:

ND

===== VII. SPILL, LEAK AND DISPOSAL PROCEDURES =====

Steps to be taken if material is released or spilled:

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ADMINISTRATIVE RECORDS

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MT 52
20,21,22,23,24,25,26,27

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Consult section VIII for proper protective equipment. Cover the spill with sawdust, vermiculite, Fuller's earth or other absorbent material. Pour decontamination solution over the spill area and allow to react for at least 10 minutes. Collect the material in open top containers and add additional amounts of decontamination solution. Remove containers to a safe place, cover loosely, and allow to stand for 24 to 48 hours. Wash down spill area with decontamination solutions. Decontamination solutions: non-ionic surfactant Union Carbide's Tergitol TMN-10(20%) and water (80%); or concentrated ammonia (3-8%), detergent (2%), and water (90%). During spill clean-up, a self contained breathing apparatus or air line respirator and protective clothing must be worn. (See section VIII). Reportable Quantity CERCLA: 100lbs

Waste Disposal Method:

Dispose according to any Local, State and Federal Regulations.

===== VIII. SPECIAL HANDLING INFORMATION =====
Respiratory Protection:

A positive pressure air-supplied respirator is required whenever TDI concentrations exceed the Short-Term Exposure or Ceiling Limit of .02ppm or exceed the 8 hour Time Weighted Average TLV of 0.005 ppm. An air supplied respirator must also be worn during spray application, even if exhaust ventilation is used. For non-spray, short-term(less than 1 hour) situations where concentrations are near the TLV, a full face, air-purifying respirator equipped with organic cartridges or canisters can be used. However, TDI has poor warning properties since the odor at which TDI can be smelled is substantially higher than the 0.02 ppm. Therefore, proper fit and timely replacement of filter elements must be ensured. Observe OSHA regulations for respirator use. (29CFR 1910.134).

Ventilation:

Local exhaust should be used to maintain levels below the TLV whenever TDI containing material is handled, processed, or spray-applied. At normal room temperatures (70 F) TDI levels quickly exceed the TLV unless properly ventilated. Standard reference sources regarding industrial ventilation (e.g., ACGIH INDUSTRIAL VENTILATION) should be consulted for guidance about adequate ventilation.

Protective Gloves: Chemical resistant gloves (butyl rubber, nitrile rubber, polyvinyl alcohol). However, please note that PVA degrades in water.

Eye Protection:

Liquid chemical goggles or full face shield should be worn. Contact lenses should not be worn.

Other Protective Clothing or Equipment: Safety showers and eyewash stations should be available. Cover as much of

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NOV 8 1989

AM PM
7,8,9,10,11,12,1,2,3,4,5,6

exposed skin as possible with appropriate clothing.
Work Practices, hygienic practices
Educate and train employees in safe use of product. Follow
all label instructions.

===== IX SPECIAL PRECAUTIONS =====

Handling and Storage:

Store in tightly closed containers to prevent moisture
contamination. Do not reseal if contamination is suspect.

Other Precautions:

Avoid contact with eyes and skin. Do not breathe the
vapors.

===== X ADDITIONAL INFORMATION =====

SARA Title III Requirements:

TDI is on the Extremely Hazardous Substance.

Chemical Name	Section: 302	CERCLA	313
Toluene 2,4 Diisocyanate	TPQ-500 LBS	RQ-100 LBS	YES
Toluene 2,6 Diisocyanate	TPQ-100 LBS	RQ-100 LBS	YES

T.S.C.A. Status: On Inventory

=====

Name(print): George C. Karpin !This formulation is subject
Signature: *George C. Karpin* !to change without notice.
Title: Toxicological Coordinator!In case of accident use the
Date of last revision 5/31/89!phone number provided.

To the best of our knowledge, the information contained
herein is accurate and meets all state and federal
guidelines. However, CONAP INC. does not assume any liability
whatsoever for the accuracy or completeness of the
information contained herein. All materials may present
unknown hazards and should be used with caution. Although
certain hazards are described herein, we cannot guarantee
that these are the only hazards which exist. Final
determination of the suitability of any material is the
sole responsibility of the user.

//////////////////////////////////////
Date approved 6 / 1 / 89 Approved: *[Signature]*

ND=Not Determined

NA=Not Applicable

6/2/89 Approved: *Richard J. Suchara*

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NOV 8 1989

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7,8,9,10,11,12,1,2,3,4,5,6

A